Management Response

Final Evaluation of HIV/AIDS Round 8 Phase 1 Project   Date: 30 July 2013

Prepared by: Hedieh Khaneghahpanah   Position: HIV Project Manager   Unit/Bureau: GFATM Cluster
Cleared by: Saeid Ferdowsi   Position: Head of Cluster   Unit/Bureau: GFATM Cluster
Endorsed by: Balasubramaniam Murali   Position: Deputy Resident Representative   Unit/Bureau: UNDP Iran

Evaluation Recommendation or Issue 1. Providing more accurate estimation of unit costs and setting more realistic targets for the project outcome and coverage indicators

Management Response/Action:

The unit costs for phase 1 were based on the market prices of 2008 while the project's start of implementation was April 2010; hence the impact of the rising inflation and FX rate as well as introduction of some new activities for which there were no previous experience to be used as a basis for unit cost.

Since the unit costs are usually set at the outset of each Global Fund project, there is usually no possibility for adjustment during the implementation of a project. In spite of this, all necessary measures are taken to consider any changes in the unit costs in the submitted work-plan for phase two based on lessons learnt, previous experiences, local & international market, available evidences. However, considering the current economic situation in Iran, the above mentioned issues may still affect the actual costs of different services.

The targets for phase 1 had been set based on the available inadequate data of 2008. More accurate information and data are available due to the national studies and surveys and the experiences gained in phase one. As a result, the phase 2 targets have been set more realistically.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking*	
			Comments	Status
1.1. Revision of the phase 2 work plan unit costs	July 2012	UNDP		Completed
1.2. Revision of the phase 2 performance framework targets	July 2012	UNDP- PO-CDC- MOE		Completed

Evaluation Recommendation or Issue 2: Improving the quantity and quality of harm reduction services which are provided through Drop-in Centers (DICs) and Outreach Teams

Management Response/Action:
The DICs have all been gradually established under the Round 8 of the project and monitoring their activities have been in place ever since. A number of these centers which have been established more recently need time to perform at full capacity. However, more monitoring and training will be in place to strengthen the quality of the provided services.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
2.1. Strengthened monitoring practices on the quality of services	March 2015	UNDP – CDC – WO	This activity is ongoing and is going to be continued till end	In Progress

Key Action(s)	Time Frame	Responsible Unit(s)	Comments	Status
			date of project which is end March 2015	
2.2. Trainings for DIC staff and outreach teams	June 2014	WO	As per the phase II work-plan there are 5 training workshops that are planned for phase II.	The first training has been completed
2.3. Experience sharing workshop for managers of the NGOs and centers	September 2013	WO	As per the phase II work-plan there are 5 workshops that are planned for phase II.	The first training has been completed

Evaluation Recommendation or Issue 3: Revise/update standard guidelines and operational procedures for Drop-in Centers, Outreach teams and Sleep-in Centers (SIC).

Management Response: The protocol for running DICs and SICs are comprehensive ones which are being updated by national partners. PR is planning to engage a consultancy service to update the protocol for outreach teams.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
3.1. Consultancy services to revise and standardize outreach protocol for Injecting Drug Users (IDUs) and HIV Vulnerable Women (HVW).	June 2013	UNDP-CDC-WO		Completed

Evaluation Recommendation or Issue 4: Improve reporting and recording mechanisms and systems.

Management Response: Although in phase 1 and also as part of national effort, there has been considerable improvement in the national M&E system which includes reporting and recording mechanism, there is still room for improvement.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
4.1. Strengthening data collection system in positive clubs by drafting a unified data registry sheets	December 2012	CDC/UNAIDS		Completed
4.2 Revising data collection templates to minimize double counting in the case of IDUs	December 2012	WO		Completed
4.3. Perform regular on-site data verification	March 2015	UNDP	This activity is ongoing and is going to be continued till end date of project which is end March 2015	In progress

Evaluation Recommendation or Issue 5: Strengthen the sense of project leadership/ownership among parties especially Welfare Organization (WO).

Management Response: Despite the fact that some of the project activities are implemented by third parties, still UNDP, SRs and SSRs including WO have oversight role (ownership) on all delegated tasks through close monitoring of activities (e.g. providing relevant templates for data collection

to NGOs by WO).

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
5.1 To ensure full ownership of WO at central and provincial levels and sustainability of services, direct involvement of WO in managing the work done by NGOs will be secured through revising the workflow.	March 2013	WO/CDC/UNDP	This activity is ongoing and is going to be continued till end date of project which is end March 2015.	Completed

Evaluation Recommendation or Issue 6: Undertake regular NGO capacity assessments.				

Management Response: One comprehensive NGO capacity assessment and need analysis has been conducted in August 2011. CDC, WO, UNAIDS and UNDP assess the capacity of the NGOs which are going to be involved in the implementation of project activities on regular basis.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
6.1. Capacity assessment of new NGOs that are going to be involved in project implementation	March 2015	WO/CDC/UNAIDS /UNDP	This activity is ongoing and is going to be continued till end date of project which is end March 2015.	In progress

Evaluation Recommendation or Issue 7: Focus on end user verification and define a solution to identify IDUs by an identification number to avoid service duplication and make sure that the IDUs are receiving required services continuously.				

Management Response: Several studies were conducted to define a unique identifier for IDUs but none were successful. WO is responsible to monitor the accuracy of the reported cases in each setting. Outreach teams provide services to clients in a defined geographic area. Since there is no overlap between the outreach served areas, the possibility of double counting is minimal in the reported cases from outreach teams. It is the same for DICs and Sleep-In-Centers. Occasionally IDUs may receive services from both an outreach team and a DIC or a DIC and a Sleep-In-Center. However since there is no financial gain for the clients in doing so, double counting happens rarely.
It should be also noted that these target groups normally do not carry any identification document with them, and provide service providers with false names. Considering that if they are forced to provide their identification documents to receive service, they may no more refer to such centers, we do not accept this as an issue. Still there might be some measures to be taken to minimize the duplication and encourage IDUs to continue using the services as mentioned below.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
7.1 Trainings for DIC staff and outreach teams	June 2014	WO	As per the phase II work-plan there are 5 trainings workshops that are planned for phase II.	The first training has been completed
7.2 Revising data collection templates to minimize double	December 2012	WO		In Progress

counting

Evaluation Recommendation or Issue 8: Reduce paperwork especially in case of PR/SRs/SSRs financial transactions while maintaining the highest standards of accountability and integrity.				

Management Response: Due to the international rules and regulations of the Principle Recipient (i.e. UNDP) as well as Global Fund requirements, full documentation of the financial transactions must be collected for reimbursement and maintained for seven years. However UNDP together with the partners will review the reporting and documentation process to remove possible redundancies.

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
8.1. Review the PR/SR/SSR reporting and documentation process for removal of possible redundancies	February 2013	UNDP/PO/CDC/WO		In progress

Evaluation Recommendation or Issue 9: Design studies on cost efficiency/effectiveness for Phase1 & 2 interventions (e.g. hotlines, after release MMT services, IRIB broadcasting, IDUs sleep in centers etc).				

Management Response: The efficiency and effectiveness of the mentioned interventions have been reviewed and activities related to IRIB broadcasting as well as part of MMT services in after release centers have already been shifted to the national resources. This is in line with the Global Fund policy for submission of Request for Continued Funding (RCF) to put 100% focus on most at risk populations (MARPS).

Key Action(s)	Time Frame	Responsible Unit(s)	Tracking	
			Comments	Status
9.1. Third party OSDV and project monitoring to ensure activities are implemented as per plan with acceptable quality, efficiency and effectiveness	March 2015	CCM/UNDP	This activity is ongoing and is going to be started in April 2013 and will be continued till end date of project which is end March 2015.	Draft TOR has been shared with PR and PR sent its comments to CDC